



GEORGIA STATE BOARD OF PHYSICAL THERAPY

237 Coliseum Drive

MACON, GEORGIA 31217 (478) 207-2440

<http://sos.ga.gov/index.php/licensing/plb/39>

INSTRUCTION SHEET FOR APPLICATION FOR LICENSURE

Please read these instructions prior to completing the application. The board rules listed below are for reference and are not meant to be an all inclusive listing. Please review the laws, rules and policies in its entirety prior to completing this application.

✓	ALL APPLICANTS MUST SUBMIT THE FOLLOWING WITH THIS APPLICATION. SUBMISSION OF ALL DOCUMENTS IN ONE PACKET HELPS TO EXPEDITE THE PROCESSING OF YOUR APPLICATION.	
	APPLICATION	Type or print in ink. You must respond to all questions and requests on the application or it will be returned to you. Be sure to check the type of application, EXAMINATION or ENDORSEMENT and category, PT or PTA. It is the responsibility of the applicant to send all required documents, application and fee to the Board in one packet. See Board Rules in Chapter 490-2.
	GRADUATION/ DEGREE CONFIRMATION	Official documentation of satisfactory completion/anticipated completion of PT/PTA curriculum; such document must provide date of graduation and degree conferred. See Board Rule 490-2-.02
	GEORGIA JURISPRUDENCE EXAMINATION	All applicants must successfully pass the Georgia Jurisprudence examination. Once the board office is in receipt of your application listing the PT/PTA school attended and the applicant has registered on-line for the examination at https://www.fsbpt.net/pt we will make you eligible to test. To view the candidate information bulletin, visit the website at http://sos.ga.gov/index.php/licensing/plb/39
✓	EXAMINATION APPLICANTS MUST SUBMIT THE FOLLOWING ADDITIONAL DOCUMENTS:	
	NPTE REGISTRATION	All applicants must successfully pass the NPTE. Once the board office is in receipt of your application, verification of education form and the applicant has registered on-line for the examination at https://www.fsbpt.net/pt we will make you eligible to test. To view the candidate information bulletin, visit the website at http://sos.ga.gov/index.php/licensing/plb/39 . If you have already taken the NPTE but are not eligible for licensure by endorsement, please have a copy of your NPTE scores sent to the Board office.
	VERIFICATION OF LICENSE	If you have been licensed for less than 2 years in another state(s), you must contact the State Board(s) in which you have ever been issued a license, and have them send verification directly to our office.
✓	ONLY ENDORSEMENT APPLICANTS MUST SUBMIT THE FOLLOWING ADDITIONAL DOCUMENTS:	
	VERIFICATION OF LICENSE/ EMPLOYMENT	You must hold a current license in good standing from another state where you have practiced for the past two or more years in order to endorse into Georgia. A verification of employment is required. If you do not meet this requirement, you must apply by examination. You must contact all State Boards in which you have ever been issued a license, and have them send a verification directly to our office.
	NPTE EXAM SCORE	Request an official copy of your NPTE scores to be sent to the Board. Contact the FSBPT via phone at (703) 739-9420 or visit the website https://www.fsbpt.net/pt .
	CONTINUING EDUCATION	Applicants must provide verification of 30 hours of continuing education. Submit copies of your certificates of attendance. These will not be returned.
✓	ALL FOREIGN EDUCATED APPLICANTS MUST SUBMIT THE FOLLOWING ADDITIONAL DOCUMENTS: SEE BOARD RULE 490-2-.03	
	NPTE REGISTRATION	All applicants must successfully pass the NPTE. Once the board office is in receipt of your application, verification of education form and the applicant has registered on-line for the examination at https://www.fsbpt.net/pt we will make you eligible to test. To view the candidate information bulletin, visit the website at http://sos.ga.gov/index.php/licensing/plb/39 .
	VERIFICATION OF ELIGIBILITY	A "Verification of Eligibility for licensure/certification/registration" from the country where education was obtained must be completed by the appropriate authority.
	CREDENTIALS EVALUATION	A "Credentials Evaluation" conducted by a Board- approved agency (ICA, IERF or FCCPT). The agency must enclose a copy of the transcript evaluated.
	LANGUAGE PROFICIENCY EXAM	Applicants who have not graduated from a CAPTE accredited program or an English speaking physical therapy program must take and receive a passing score on three (3) Language Proficiency Examinations to include TSE, TOEFL and TWE before sitting for the NPTE. To report your TSE (Test of Spoken English) scores, you must enter 9912 as the code number when sitting for the examination and on the score Report Request Forms. You may be exempt from these exams if your school provides a statement certifying that the medium of instruction was taught in English.
	TRAINEESHIP PERMIT	After meeting all requirements for licensure, all foreign-educated applicants must successfully pass a Board-approved, three (3) month traineeship before license issuance consideration.

GENERAL INFORMATION FOR ALL APPLICANTS

APPLICATION STATUS

Application status can be checked on-line at <http://sos.ga.gov/index.php/licensing/plb/39>.

APPLICATION REVIEW

Reinstatement applications, applications submitted by foreign-educated applicants, and any applications indicating arrests, convictions, or other board sanctions must be reviewed and approved by the Board at the regularly scheduled meeting. Board meeting dates are available at <http://sos.ga.gov/index.php/licensing/plb/39>. Information to be presented to the board must be in the board's office not less than two (2) weeks prior to the board meeting.

APPLICATION DECISIONS

Most applications can be administratively processed and do not require Board review. However, if Board review is required, correspondence from Board meetings will be processed in approximately 3-5 business days following the conclusion of the meeting. Correspondence is sent via email.

INCOMPLETE APPLICATIONS - See Board Rule 490-2-.01

Incomplete applications are maintained for 12 months from receipt – after 12 months they expire. If an application expires, a new application, fee and all required documents must be resubmitted.

APPLICATION DEFICIENCY NOTIFICATIONS

Applicants will receive application deficiency notification via email listing documents needed to complete the application.

ADDRESS CHANGES/EMAIL CHANGES

Please immediately notify the board in writing of an email or address change. On such notification please state that you are an applicant.

TRAINING PERMITS – See Board Rule 490-2-.04

All foreign-educated applicants must successfully complete a Board-approved, three (3) month traineeship before license consideration. The supervisor must complete the Letter of Agreement for Traineeship. Some examination, endorsement and reinstatement applicants may be required to complete a traineeship prior to licensure.

RE-EXAM & REMEDIATION PLANS

Applicants who are unsuccessful in examination attempts must complete a re-examination application. There is no additional re-fee if submitted within one year of the date of the original application. Register on-line to re-take the NPTE at <https://www.fsbpt.net/pt>. You will only be allowed to sit for the exam two (2) times before a further plan of study must be submitted for the Board's **pre-approval**. See Board Rule 490-3-.02 and FAQ #19

POWER OF ATTORNEY

If you are a person sponsoring an applicant for licensure and want information sent to you rather than the applicant, the Power of Attorney form must be completed by the applicant and included.

CREDENTIALING AGENCIES

The Georgia State Board of Physical Therapy has approved the following agencies to evaluate foreign educated applicant credentials. The agency must submit a copy of the transcript evaluated.

Foreign Credentialing Commission
Physical Therapy
P.O. BOX 25827
Alexandria, VA 22313-9998
Phone: (703) 684-8715
FAX: (703) 684-8715
Website: www.fccpt.org

International Education
Research Foundation, Inc
P. O. Box 3665
Culver City, CA 90231
Phone: (310) 258-9451
Fax: (310) 342-7086
Website: www.ierf.org

International Credentialing
Associates, Inc.
Bryan Dairy Business Park
Largo, FL 33777
Phone: (727) 549-8555
Fax: (727) 549-8554
Website: www.icaworld.com

FIXED DATE TESTING INFORMATION

These dates are not flexible – information must be received in the appropriate office not later than the deadline date.

PT Test Date	Registration Deadline	Jurisdiction Approval Deadline	Seats Release Date
April 30, 2014	March 26, 2014	April 2, 2014	April 16, 2014
July 22-23, 2014	June 17, 2014	June 24, 2014	July 8, 2014
October 29, 2014	September 24, 2014	October 1, 2014	October 15, 2015
January 28, 2015	December 23, 2014	January 2, 2015	January 14, 2015
April 29, 2015	March 25, 2015	April 1, 2015	April 15, 2015
PTA Test Date	Registration Deadline	Jurisdiction Approval Deadline	Seats Release Date
April 9, 2014	March 5, 2014	March 12, 2014	March 26, 2014
July 8, 2014	June 3, 2014	June 10, 2014	June 24, 2014
October 8, 2014	September 3, 2014	September 10, 2014	September 24, 2014
January 14, 2015	December 10, 2014	December 17, 2014	December 31, 2014
April 8, 2015	March 4, 2015	March 11, 2015	March 25, 2015



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237 Coliseum Drive

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DO NOT WRITE IN THIS
SECTION

Receipt# _____

Amount: _____

Applicant# _____

Date: _____

APPLICATION FOR LICENSURE PHYSICAL THERAPY OR PHYSICAL THERAPY ASSISTANT

Instructions:

1. Please read the general instructions thoroughly before completing this application
2. If you have ever held a license in this state and are trying to reinstate your license, submit a reinstatement application.
3. Fully complete this application. Type or print clearly.
4. Enclose all required documents and a nonrefundable application fee of \$75.00. Checks returned for insufficient funds will be assessed a \$40.00 service charge pursuant to O.C.G.A. §16-9-20.
5. Sign and have the application notarized; a photograph of the applicant must be attached at time of notary.
6. Indicate type of application:

- ☐ Physical Therapy Examination
☐ Physical Therapy Endorsement
☐ Physical Therapy Foreign Examination
☐ Physical Therapy Foreign Endorsement

- ☐ Physical Therapy Assistant Examination
☐ Physical Therapy Assistant Endorsement
☐ Physical Therapy Assistant Foreign Examination
☐ Physical Therapy Assistant Foreign Endorsement

Are you a foreign-educated candidate? Yes ☐ No ☐

SECTION I: PERSONAL INFORMATION

¹NAME

LAST

FIRST

MIDDLE

MAIDEN

²SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

(Required for identification, law enforcement, statistical and administrative purposes. Also, social security information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. § 19-11-1 and O.C.G.A. § 20-3-295, 42 U.S.C.A. § 551, and 20 U.S.C.A. §1001. It may also be disclosed to the National Practitioner's Databank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) or other licensing boards, or other regulatory agencies for license tracking purposes.)

³ADDRESS

MAILING ADDRESS

APT #

CITY

STATE

ZIP

If you are granted a license, your name, mailing address and license number are public information. Your physical address is required, if different than the mailing address. You must immediately notify the Board in writing of an address change.

⁴ADDRESS

PHYSICAL ADDRESS (Post Office Box is not acceptable)

APT #

CITY

STATE

ZIP

⁵DAYTIME PHONE _____ OTHER PHONE _____

E-MAIL ADDRESS: _____

SECTION II: PROFESSIONAL INFORMATION

6. Have you ever been licensed as a Physical Therapist/Physical Therapist Assistant in the State of Georgia or any other state?
☐ Yes ☐ No If no, continue to question 7. If yes, complete the following information for every PT/PTA license ever held.

State where initially licensed: _____ License # _____ Type: ☐ PT ☐ PTA

Current? ☐ Yes ☐ No

Active practice for the past 2 or more years?
☐ Yes ☐ No

Other state: _____ License # _____ Type: ☐ PT ☐ PTA
 Current? ☐ Yes ☐ No Active practice for the past 2 or more years? ☐ Yes ☐ No

Other state: _____ License # _____ Type: ☐ PT ☐ PTA
 Current? ☐ Yes ☐ No Active practice for the past 2 or more years? ☐ Yes ☐ No

Other state: _____ License # _____ Type: ☐ PT ☐ PTA
 Current? ☐ Yes ☐ No Active practice for the past 2 or more years? ☐ Yes ☐ No

7. How many times have you previously taken the national licensure examination? _____ List location(s) and date(s): _____

8. Do you desire a training permit? ☐ Yes ☐ No If yes, please refer to Board Rule 490-2-.04, available at <http://sos.ga.gov/index.php/licensing/plb/39>.

9. Professional Education

Name of College/University _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

Dates attended: _____ - _____ to _____ - _____

Date of graduation: _____ - _____ - _____

Degree(s) received: _____

Major: _____

10. As a licensee, it is **YOUR RESPONSIBILITY** to know all the laws, board rules and policies governing the physical therapy profession. Have you familiarized yourself with the laws, board rules and policies that apply to the practice of physical therapy in Georgia? ☐ Yes ☐ No

SECTION III. BACKGROUND INFORMATION

If you answered "yes" to any of the following questions, provide details and a letter of explanation on a separate sheet. For questions 10(b), 10(c) and 10(f) submit a certified copy of the official document (court indictment, police record, certified warrant/court dismissal, verdict or first offender treatment), which indicates the final disposition of any reported case. You are expected to read each question carefully and completely and to notify the Board of any changes in the background information. You will be asked to certify under oath that the answers are true and correct. Failure to answer these questions truthfully and to notify the Board of any changes to the information may be grounds for denial of your application or other disciplinary action.

11. Have you ever

a. ☐ Yes ☐ No Applied for licensure in Georgia? If yes, list the type of license _____

b. ☐ Yes ☐ No Been arrested, convicted, or entered a plea of guilty, nolo contendere, or been sentenced under the "First Offender Act" for any felony, misdemeanor, or any offenses other than a minor traffic violation? (DUI/DWI's are not minor traffic violations.)

c. ☐ Yes ☐ No Had revoked or suspended or otherwise sanctioned any license issued to the applicant by any board or agency in Georgia or any other state?

d. ☐ Yes ☐ No Been denied issuance of or, pursuant to disciplinary proceedings, refused renewal of a license by any board or agency in Georgia or any other state?

e. ☐ Yes ☐ No Failed an examination taken for the purpose of obtaining a license as a physical therapist or physical therapist assistant in this or any state, territory or country, or otherwise been informed that you failed to meet the qualifications for licensure as a Physical Therapist or Physical Therapist Assistant upon applying for licensure in this or another state, territory or country?

- f. ☐ Yes ☐ No Been sued in a civil action alleging negligence or malpractice on your part or jointly with others in connection with your practice as a Physical Therapist or Physical Therapist Assistant or any other health related profession?

12. In the past five (5) years have you

- a. ☐ Yes ☐ No Been diagnosed with or have you been treated for any of the following: schizophrenia or any other psychotic disorder, delusional disorder, bipolar or manic depressive mood disorder, major depression, antisocial personality disorder, addictive narcotic disorder, addictive drug disorder, addictive intoxicating liquors disorder, substance abuse, or any other condition which significantly impaired your behavior, judgment, understanding capacity to recognize reality, or ability to function in school, work, or other important activities?
- b. ☐ Yes ☐ No Suffered any memory loss or impaired judgment for any reason?
- c. ☐ Yes ☐ No Been terminated from an educational institution?
- d. ☐ Yes ☐ No Been reprimanded, demoted, disciplined, terminated, or cautioned by an employer?
- e. ☐ Yes ☐ No Been admitted to a hospital or other facility for the treatment of bipolar disorder, schizophrenia, paranoia, other psychotic disorders, addictive narcotic, drug, or intoxicating liquors disorder, or substance abuse?

13. Do you

- a. ☐ Yes ☐ No Currently suffer from any disorder that impairs your judgment or that would otherwise adversely affect your ability to practice as a physical therapist or physical therapist assistant?
- b. ☐ Yes ☐ No Have any condition which causes substantial impairment of, or limitation on your ability to practice as a Physical Therapist or Physical Therapist Assistant with reasonable skill and safety to the public or presents a threat to the health or safety of another individual?
- c. ☐ Yes ☐ No Currently use narcotics, drugs, or intoxicating liquors to such an extent that your ability to practice as a Physical Therapist or Physical Therapist Assistant, according to prevailing performance standards and essential job functions is impaired?



Professional Licensing Boards Division

College/University Verification of Completion of Physical Therapist/Physical Therapist Assistant Education

This form must be completed by the Registrar, Dean or PT/ PTA Program Director of the college/university from which your degree will be conferred. **This form is to be used by applicants who are still in school.** Once you have graduated, you are required to submit a transcript showing your date of graduation.

Please print - This is to certify that

Name

will graduate from _____
Name of College

on _____ **with a Doctorate or Associates degree.**
Date (circle one)

Signature of Registrar, Dean, PT or PTA Program Director
(please circle title)

Date

Printed name of Registrar, Dean, PT or PTA Program Director

Sworn to and subscribed before

School/Registrar Seal OR Notary

me this _____ day of _____, 20____.

Notary Public

My commission expires: _____

Return completed form to:
Georgia State Board of Physical Therapy
237 Coliseum Drive
Macon, Georgia 31217

APPLICANT AFFIDAVIT:

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia State Board of Physical Therapy, and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

1) _____ I am a United States citizen 18 years of age or older. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or document as indicated on pages 8 & 9 of the application.**

2) _____ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia State Board of Physical Therapy and/or criminal prosecution.

Signature of Applicant

Sworn to and subscribed before me this
_____ day of _____, 20____.

Notary Public

My commission expires: _____

PLEASE SEPARATE THIS FORM. GIVE IT TO YOUR MOST RECENT EMPLOYER(S) TO COMPLETE. AND ASK THE EMPLOYER(S) TO MAIL THIS FORM DIRECTLY TO THE BOARD:

GEORGIA STATE BOARD OF PHYSICAL THERAPY, 237 COLISEUM DRIVE, MACON, GEORGIA 31217

GEORGIA STATE BOARD OF PHYSICAL THERAPY

VERIFICATION OF EMPLOYMENT

Instructions:

1. Applicant: complete Section I and sign.
2. Submit this form to your most recent employer(S) [Personnel Director, Human Resources Department] who can provide verification of your practice as a physical therapist over the past two (2) years.

Section I (To be completed by applicant)

Printed Name of Applicant: _____
Last First Middle Maiden

Applicants Address: _____
Street City State Zip Code

RELEASE: I do hereby consent to and authorize the release of any and all records and information concerning my employment as a Physical Therapist to the Georgia State Board of Physical Therapy. I understand this information is required as part of the application for licensure process

Applicant Name Printed

Applicant Signature

APPLICANT – DO NOT WRITE BELOW THIS LINE:

Section II (To be completed by person verifying employment)

Instructions:

1. Complete Section II of this form.
2. Physical Therapy employment must have been for compensation.
3. Mail the form directly to Board office. **Do not give to applicant.** Mail to: Georgia State Board of Physical Therapy, 237 Coliseum Drive, Macon, Georgia 31217-3858

1. Name of Business: _____ Phone Number: _____

2. Physical Address of Location: _____
(City/State/Zip Code)

3. Applicant's Position/Title: _____

4. Employment Dates: From: _____ To: _____

5. Physical Location of practice (mobile, contract, or same as above): _____

6. Printed name and title of person verifying employment: _____
(Name) (Title)

Sworn to and subscribed before me this

_____ day of _____, 20_____

Signature of Employer

Notary Public Signature

My commission expires: _____

(notary seal)

**Georgia Bureau of Investigation
Georgia Crime Information Center**

Consent Form

I hereby authorize the Georgia State Board of Physical Therapy to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local justice agency in Georgia.

Full Name (Print)

Address

Sex

Race

Date of Birth

Social Security Number

By signing this form, I acknowledge that I have been informed of the Non-Criminal Justice Applicant's Privacy Rights and the Privacy Act Statement (Title 28 United States Code § 534) and affirm that I have retained a copy (attachments A and B) for my records.

Signature

Date

Special employment provisions (check if applicable):

Employment with mentally disabled (Purpose Code "M")

Employment with elder care (Purpose code "N")

Employment with children (Purpose code "W")

One of the following must be checked:

☐ This authorization is valid for 90 / 180 / _____ (circle or enter) days from date of signature.

☐ I, _____
give consent to the above named to perform periodic criminal background checks for the duration
of my licensure with this state.

Attachment A

NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- If your fingerprints/biometrics are used to conduct a FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a Georgia or FBI criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the agency denies you the job, license or other benefit based on information in the criminal history record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. § 35-3-34(b) and §35-3-35(b)].

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history may be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

If you decide to challenge the accuracy or completeness of your Georgia or FBI criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia. Instructions to dispute the accuracy of your criminal history can be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

Attachment B PRIVACY

ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NO!.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS. RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.

Name _____

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2
Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

_____ A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:
<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____ A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. §50-36-2(b)(3); 22 CFR § 41.2]

_____A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36- 2(c)]